

FILED JAN 30 1951 STANDARD CERTIFICATE OF DEATH

State File No. 145

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 21	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. LENGTH OF STAY (In this place) <u>19 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>		0732	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ellis Fischel State Cancer Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>403 Bonham</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Winona</u>		b. (Middle) <u>Grace</u>		c. (Last) <u>Brooks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-24-51</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>5-6-1919</u>		9. AGE (In years last birthday) <u>31</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>T W & Brock</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Brock</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Hospital Record</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Record</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMATOSIS</u>							
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUE TO (b) EPIDERMAL CARCINOMA</u>							
<u>DUE TO (c) SKIN OF LEFT KNEE</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>191X</u>			
19a. DATE OF OPERATION <u>2 AUG 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>MID THIGH AMPUTATION - for PRIMARY CARCINOMA</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5 JAN</u> , 19 <u>51</u> , to <u>24 JAN</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>24 JAN</u> , 19 <u>51</u> , and that death occurred at <u>10³⁰ P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Jerry N. Olsen M.D.</u>				23b. ADDRESS <u>ELLIS FISCHEL CANCER HOSP</u>		23c. DATE SIGNED <u>24 JAN 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan 25 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Neosho</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 25 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Funeral Services Columbia Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-29-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-29-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____
Student Embalmer

Signed *W. V. Whitaker*

Licensed Embalmer No. 2893

P. O. Address Columbia mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.